

CITY OF CARMEL / CLAY TOWNSHIP Permit # _____ TEMPORARY USE APPLICATION-CONSTRUCTION FACILITY

BUILDER	NAME:	PHONE:	FAX:			
OF						
RECORD:	STREET ADDRESS:	CITY:	STATE: ZIP:			
	BUILDER'S EMAIL ADDRESS:	BEST METHOD OF CONTACT:				
PROPERTY	NAME:	PHONE:	FAX:			
OWNER:						
	STREET ADDRESS:	CITY:	STATE: ZIP:			
SUBDIVISION/		MOBILE UNIT				
PROJECT NAME:		CERTIFICATION #:	j			
	ADDRESS OF PROPOSED USE:					
CERTIFICATION AND NOTICE OF INTENT TO COMPLY IT IS THE RESPONSIBILITY OF THE APPLICANT TO APPLY FOR THE PERMIT EXTENSION PRIOR TO EXPIRATION OF THE PERMIT. ANY TEMPORARY CONSTRUCTION FACILITY OPERATING WITHOUT A VALID PERMIT SHALL BE CONSIDERED A CIVIL ZONING VIOLATION SUBJECT TO ENFORCEMENT ACTION BY THE CITY OF CARMEL Thereby certify that I have the authority to make the foregoing application, that the application and plans filed with the application are correct, and that the operation and conduct of the temporary use will conform to the regulations of the Carmel Zoning Ordinance. FAILURE TO COMPLY WITH THE TERMS AND CONDITIONS OF THIS PERMIT MAY RESULT IN A CITATION AND ADDITIONAL FEES. Signature of Applicant/Agent of Builder (REQUIRED) Signature of Property Owner (REQUIRED)						
		SITE INSPECTION	8407.00			
SALES FORCE #:		FEE:	\$10 7.0 0			
PARCEL #:		SIGN PERMIT FEE:	\$ 85.50			
APPLICATION REVIEW	WED BY:	TOTAL FEES DUE:	\$			
Final C/O ISSUED ON:						

TEMPORARY USE REGULATIONS AND CHECKLIST TEMPORARY CONSTRUCTION FACILTY

REGULATIONS:

- REFER TO \$25.08 OF THE CARMEL ZONING ORDINANCE FOR THE FOLLOWING REGULATIONS:
- PERMITTED ZONING DISTRICTS: May be permitted in all zoning districts as a temporary use ONLY, provided the use would NOT detrimentally affect the health, welfare, safety, or morals of the neighborhood under construction.
- DURATION OF TEMPORARY USE:
 - <u>TEMPORARY CONSTRUCTION FACILITY</u>: May not exceed eighteen (18) months. Provided the applicant submits in writing to the Department of Community Services prior to the expiration of permit, the use may be extended by increments of up to eighteen (18) months. The temporary construction facility must be removed within thirty (30) upon the issuance of a Certificate of Occupancy for the project and the temporary use permit shall expire at the end of that thirty (30) days.
- SIGNAGE:
 - <u>TEMPORARY CONSTRUCTION FACILITY</u>: Only one sign not to exceed thirty-two (32) square feet is permitted to identify the contractor/builder utilizing the temporary construction facility. The sign must be located on the temporary construction facility and a diagram or illustration of the sign must be submitted with this permit application.

INITIAL	
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CHECKLIST FOR APPLICATION:

- I. TEMPORARY USE APPLICATION: Two (2) copies of completed application are required with signatures.
 - a. <u>ADDRESS</u>: If the permanent address for the property is unknown, you should contact Operations Supervisor William Akers of the Department of Communications at (317) 571-2586 or at wakers@carmel.in.gov.
- 2.

 LEGAL DESCRIPTION: Provide a legal description of the platted lot on which the temporary use will utilize.
- DEVELOPMENT PLAN/MAP: Two (2) copies of a map which illustrates where the lot is located within the overall development or project site (indicate the specific lot on the plan). Context Map.
- 4. SITE PLAN: Two (2) copies are required which shows the following information:
 - a. Adjacent public road right-of-way
 - b. Location and footprint of temporary sales office structure on the property; show applicable setbacks from the public right-of-way and adjacent property lines.
 - c. Adequate access and off-street parking facilities.
 - d. Photometric plan showing light intensity at the lot lines. If no lighting is to be installed, submit a written statement to this effect.
 - e. Location and diagram/illustration of ALL signs, regardless of whether or not a sign permit is required.
- 5. Description FOR MOBILE UNITS: Supply mobile unit certification number issued from State Fire Prevention & Building Safety, Division of Code Enforcement. And submit one copy of mobile unit structure plans (i.e. floor plan, overall dimensions, standard equipment, restroom facilities and egress).
- 6. SIGN: Supply a diagram or illustration indicating location and dimensions of the one permitted sign.

REVIEW & APPROVALS:

The following Departments will review and approve all temporary use permit packages and may require inspections: Building & Code Enforcement, Planning and Zoning, and the Carmel Fire Department.

FEES:

Site Inspection fee is \$111.00. Sign Permit fee is \$88.50

FOR FIREWORKS TEMPORARY USE SUBMITTALS: PLEASE ALSO COMPLETE AND SUBMIT THE FOLLOWING.

TO:	CITY OF CARMEL, DIVISION OF BUILDING & CODE SERVICES CITY OF CARMEL, FIRE DEPARTMENT				
FROM:		APPLICANT/OWNE	R (CIRCLE ONE)		
		NAME OF BUSINES	S		
		ADDRESS OF ACTIV	TTY		
DATE:					
SUBJECT:	SALE AND/OR STORAGE OF 1.4 G	(CLASS C)* FIREWORKS			
of 1.4 G (Class Indiana Fire Co be less than tha	that is used for the storage and/or sale C) fireworks is an H-3 occupancy und ode (sec 202). A sprinkler system shall at required for an occupancy hazard cl 4.1, IFC sec 903.2.4.1).	ler the 2003 Indiana Building Code l be required for an H-3 occupancy	e (sec 307.5) and 2003		
*1.4 G (Class C candles and fire	E) Fireworks include everything from a ecrackers.	sparklers and ground spinners to b	ottle rockets, roman		
An application Building Servic system can be i	and plans for the sprinkler system mues, Plan Review Division and a Constr nstalled.	ist be submitted to the Indiana Sta ruction Design Release must be rec	te Department of Fire and eived before any sprinkler		
until all Indian	rmel, Division of Building and Code En a State Department of Fire and Buildin by the Carmel Fire Department for oc	ng Services releases have been obta	ate of Occupancy permit ined and a final inspectior		
As indicated by Building Code Class I structur	y my notarized signature below, I have and Indiana Fire Code requirements fo res.	been informed of (or am aware of or the storage and/or sale of 1.4 G () the applicable Indiana Class C) fireworks within		
Signature of Au	nthorized Agent	Print Name			
Company Nam	e	Phone Number			
Address		City, State	Zip		
Signature of No	ntary Public	Notary Name Printed			
Date:					
County:					
My Commissio	n Expires:				